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					(Depositor's name)	
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/674,935	12/21/2000	Timothy Raymond Hirst		34407-503	8699	

PUBLICATION FEE DUE

TITLE OF INVENTION: VACCINE

APPLN, TYPE

nonprovisional	YES	\$755	\$0	\$0	\$755	02/18/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
HINES, JANA A		1645	424-184100				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563)  Change of correspondence address (or Change of Correspondence Address form FTOSBI 122) attached.  "Fee Address" indication (or "Fee Address" Indication form FTOSBI 47, Rev 163-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternative (2) the name of a single registered attorney or a	3 registered patent attorneys yely, e firm (having as a member a gent) and the names of up to meys or agents. If no name is	2 Ferris,	1 Mintz, Levin, Cohn, 2 Ferris, Glovsky and 3 Popeo, P.C.	
3. ASSIGNEE NAME AND	RESIDENCE DAT	TA TO BE PRINTED ON T	THE PATENT (print or typ	e)			
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Please check the appropriate assignee category or categories (will n	not be printed on the patent): Individual 🙎 Corporation or other private group entity I Government
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Issue Fee	A check is enclosed.
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
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5. Change in Entity Status (from status indicated above)

Typed or printed name Sheridan K. Snedden

Trident Pharmaceuticals, Inc.

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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